

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2370**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Hts.		c. CITY OR TOWN Glendale 4781	
c. LENGTH OF STAY (in this place) 3 Weeks		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) #6 Hawthorn Ct.	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK	b. (Middle) W.	c. (Last) MORSE	4. DATE OF DEATH (Month) (Day) (Year) Sep. 2 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3, 1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres.-G. R. Cummings Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mass.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank H. Morse	13b. MOTHER'S MAIDEN NAME Clara Trobritz	14. NAME OF HUSBAND OR WIFE Loretta Morse
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 488-09-0559	17. INFORMANT'S SIGNATURE OR NAME Loretta Morse	ADDRESS #6 Hawthorn Ct.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Cardiovascular disease		2-5y
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus		2 yrs
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left femur		1260XF	

19a. DATE OF OPERATION Aug 17-53	19b. MAJOR FINDINGS OF OPERATION Fracture of neck of femur + left collar fracture	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Glendale St. Louis Co. Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 9 1953 7AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell out of bed
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22. I hereby certify that I attended the deceased from **June 10, 1953**, to **Sept 2, 1953**, that I last saw the deceased alive on **Sept 1, 1953**, and that death occurred at **5:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed Brammer M.D.	23b. ADDRESS 4161 Ludell	23c. DATE SIGNED 9-4-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sep. 4, 1953	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.
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DATE RECD BY LOCAL REG 9/13/53	REGISTRAR'S SIGNATURE Herbert B. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951

4165
1951
1-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edwin A. McNamee*.....

Licensed Embalmer No. *3024*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.